SOUTH DAKOTA DIVISION OF INSURANCE

445 EAST CAPITOL AVENUE, 1ST FLOOR PIERRE, SD 57501 (605) 773-3563

www.state.sd.us/drr/reg/insurance

UNAUTHORIZED INSURER BUSINESS WRITTEN & PREMIUM TAX REPORT SURPLUS LINES INSURER -- RISK RETENTION GROUP

1 st OTR	Date Due: due April 30 / 2 nd QTRdue Ju	April 1 aly 31 / 3 rd OTR due Oct 31 / 4 th
QTR	due Jan 31, (Please check v (ENTER YEAR)	which report is being filed – Qtrly/Annual)
NAME:		NAIC NO
ADDRESS	S :	
		
CONTACT PE	RSON:(PLEASE PRINT)	PHONE:
PART I. DIRI	ECT WRITTEN PREMIUM PRODUCER RE	PORT. (All insurers complete this section)
direct busines: policy numbe	s written on South Dakota resident risks, th e	Surplus Line Brokers responsible for placing the e name and address of the insured, date effective, icable, list business or individual self-procuring.
NAME 1.	ADDRESS	PROD. TOTAL AMOUNT CLASS* WRITTEN
2.		
3.		
	TOTAL PREMIUM	•
* Producer Clas	ses: (1) South Dakota Surplus Lines Broker (2) Individual Self-Procured	=========
**This figure mu	ust match Part II, Line 3.	
	RECT PREMIUM WRITTEN REPORT. (All nium Written 1/1/ to 12/31/:	insurers complete this section.)
Fire	e Premium:	(1) \$
All	Other:	(2) \$
<u>Add</u> : (1) +	(2) Total Direct Written Premium	(3)^ \$

[^] Cross-check: A.S. - SD State Page & Schedule T.

this section.)				· · ·	-	
Multiply	Line (1) x	SD <u>Fire</u> l	Premium Ta	x Rate: 3% =	(4)	\$
	Line (2) x	SD <u>All O</u>	<u>ther</u> Premiu	m Tax Rate: 2.5%	= (5)	\$
<u>Add</u> (4)) + (5) :	Total Pre	mium Tax	=	(6)	\$
<u>Deduct</u> : Credits Due (Attach Itemized List or Explanation):						\$
*** Qua <u>Quarter</u>	rterly paym Date <u>Due</u>	ents (If ar Date <u>Paid</u>	y). Check <u>Number</u>	Amount <u>Paid</u>		
First	4/30			\$		
Second	7/31			\$		
Third	10/31			\$		
Fourth	1/31			\$		
Sub-Total of Quarterly Payments:					(8)	\$
Total: (Line 6 minus Line 7 minus Line 8)					(9)	\$
Add: **** Interest, Fines, Penalties Due (If Any.):						\$
Total Amount Due: (Line 9 plus Line 10)						\$
				cess of five thousand the following year. [(\$5,000.00) premium tax in the previous 3-32-44].
				<u>Due must include a p [SDCL 10-44-16].</u>	penalty fe	ee of one and one-half percent (1.5%) pe
* * * * * *	* * * * * *	* * * * *	* * * * * *	* * * * * * * * * *	* * * *	* * * * * *
State of)			
County of)			
Ι,	(1)		, being first	duly sworn, say ar	nd depos	se on oath, that I am the
	(Name) Official Title		of		<u> </u>	, that I am familiar
	ect matter	reported in	the foregoi	ing document, and		amounts set forth therein are correct
					(Sian	ature)

PART III. PREMIUM TAX CALCULATION: (Only Risk Retention Groups paying the premium tax must complete